

**STAFF/TRAINEE REGISTRATION INFORMATION  
FOR VISTA****Please Read, Complete and Submit the form ASAP**

This information will be kept confidential. It will be used for reporting purposes, conducting surveys, and improving the quality of VHA's clinical training programs. This information will be entered in the "New Person" file in Veterans Health Information Systems and Technology Architecture (VistA) and must be submitted **2 weeks** before starting your rotation.

Disclosure of your Social Security Number (SSN) is mandatory to identify individuals with identical names. Failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining clinical training at VA. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The information gathered through the use of this number will be used as necessary for statistical studies and personnel administration in accordance with established regulations and published notices of systems of record.

<b>First Name( Print)</b>		<b>Full Middle Name (Print)</b>		<b>Last Name (Print)</b>	
Social Security Number	DOB: mm/dd/yyyy		Gender (M/F)	Race:	Height:
Country of Citizenship:	Place of Birth: <b>City/State/Country</b>		Weight:	Eyes:	Hair:
Cell:	Pager:		NPI:		
Permanent Street Address:			Email Address( <b>Print</b> )		
City:			State	Zip	
Affiliated School: (GW) (GU) (HU) (USUHS) Other:			Affiliation Point of Contact & Phone number:		
PPD Test & Date:		BCLS : Date Completed:		ACLS: Date Completed:	
Rotation Site <b>i.e. Inpatient/Outpatient/Specialty Clinic:</b>					
Start Date:(mm/dd/yyyy)	End Date:(mm/dd/yyyy)		What is the LAST MONTH and YEAR that you anticipate being in a training program at this VA facility? (mm/yyyy)		

**Target Degree Level of your current training program: (mark only one)**

- |   |   |
|---|---|
| <input type="radio"/> Certificate/Diploma | <input type="radio"/> Post-master's fellowship            |
| <input type="radio"/> Associate           | <input type="radio"/> <b>Doctoral</b>                     |
| <input type="radio"/> Baccalaureate       | <input type="radio"/> Postdoctoral (other than residents) |
| <input type="radio"/> Master's            | <input type="radio"/> <b>Residency/Fellowship</b>         |

**Program of Study: (mark only one) (Discipline that best describes the current program of study)**

- |  |  |
|--|--|
| <input type="radio"/> Audiology  | <input type="radio"/> Medical/Surgical Support (Respiratory Tech, Biomedical Tech, etc.) |
| <input type="radio"/> Chaplaincy   | <input type="radio"/> Nurse Anesthetist  |
| <input type="radio"/> Dental Resident ( <i>all other dental select Other Clinical Program</i> )  | <input type="radio"/> Nursing  |
| <input type="radio"/> Dietetics  | <input type="radio"/> Optometry  |
| <input type="radio"/> Health Information   | <input type="radio"/> Other Clinical Program   |
| <input type="radio"/> Health Services Research & Development   | <input type="radio"/> Pharmacy   |
| <input type="radio"/> Imaging (Radiologic/Ultrasound Tech, etc.)   | <input type="radio"/> <b>Physician Assistant</b>   |
| <input type="radio"/> Laboratory   | <input type="radio"/> <b>Podiatry</b>  |
| <input type="radio"/> <b>Medical Student</b> (3 <sup>rd</sup> Yr) (4 <sup>th</sup> Yr) - <b>circle one</b>   | <input type="radio"/> Psychology   |
| <input type="radio"/> <b>Medical Resident/Fellow PGY- _____</b>  | <input type="radio"/> Rehabilitation (OT, PT, KT, etc.)                                  |
| <input type="radio"/> Medical Post-residency Physician in a VA Special Fellowship (Ambulatory Care, National Quality Scholars, Women's Health, etc.) | <input type="radio"/> Social Work  |
|  | <input type="radio"/> Speech–Language Pathology  |